

## Book reviews

**Syphilis and Other Venereal Diseases.** By WILLIAM J. BROWN, JAMES F. DONOHUE, NORMAN W. AXNICK, JOSEPH H. BLOUNT, NEAL H. EWEN, and OSCAR G. JONES, 1970. Pp 241, 14 figs. Harvard University Press; Oxford University Press, London (58s.)

This is one of a series of monographs sponsored by the American Public Health Association, supported by the United States Public Health Service and designed to provide a detailed examination of the health of the population of the United States of America. The publications are under the supervision of a Committee on Vital and Health Statistics, but in each case the authors have been given a free hand to develop their subject as they wish. The world-wide recrudescence of the venereal diseases and anxieties arising from failure to control them have focused special interest on the control methods adopted in the United States and the results achieved. In 1961 a Task Force was appointed by the Surgeon General of the U.S. Public Health Service to examine the problem of syphilis and the result was an ambitious programme by which it was hoped to eradicate the disease by 1972. The principal author, Dr. William Brown, has been the central figure in this programme and in this monograph he has had the assistance of three colleagues who are statisticians and two others concerned with the planning and assessment of the value of programmes. As was to be expected from the nature of the undertaking, the chief emphasis is on statistics and epidemiological methods, with syphilis taking pride of place over the other venereal diseases and no mention of the major problem of "non-specific" genital infection except as a differential diagnosis from gonorrhoea. The authors give brief histories and very limited clinical descriptions of the main venereal diseases. They describe the evolution of treatment for syphilis, passing, in respect of penicillin, straight from Fleming to Mahoney without mention of poor Florey and his associates.

The chapter on the diagnosis and treatment of syphilis is mainly concerned with serological tests and with schedules of treatment recommended by the U.S. Public Health Service. Details of the morbidity of syphilis in the United States are of particular interest. Reported cases of primary and secondary syphilis rose from 68,231 in 1941 to 106,539 in 1947.

Thereafter the numbers declined rapidly to 6,516 in 1953, increasing again after 1958 to reach 23,250 in 1965. It is, of course, known that many cases are not reported and details are given here of a study in 1962 indicating 20,084 reported cases and an estimate of the true total of 68,977. Reported cases of syphilis in all stages decreased from 575,593 in 1943 to 110,128 in 1966. There is detailed information of the geographical distribution of syphilis and its relationship to race, age and populations of town and country.

In 1941 there were 193,468 reported cases of gonorrhoea, rising to 400,639 in 1947 and then declining to 216,448 in 1957. This was followed by an increase each year, the numbers reaching more than 334,000 in 1966. It is believed that Americans are contracting gonorrhoea at a rate exceeding 85,000 cases a month or more than a million each year. For diagnosis in females it is recommended that the staining of smears by Gram's method should be abandoned in favour of fluorescent antibody techniques and cultural methods (pp. 87 and 93). No doubt both are more reliable but, since the authors regard them as laboratory procedures, the acceptance of this recommendation would mean delay in diagnosis at centres not closely associated with laboratories. The statement that routine cultures from the urethra in females are rarely productive, since coexisting cervical infection is almost invariably associated, is contrary to experience in the United Kingdom.

It seems that in the United States the annual death rate from syphilis decreased from 15.0 per 100,000 population in 1939 to 1.3 in 1965, but even so in 1965 there were 2,434 deaths attributed to syphilis and its sequelae, mainly cardiovascular lesions.

Control measures and the techniques of case-finding, as employed in the United States, are described in detail.

On the whole the book is well written, but critical readers would prefer not to see split infinitives such as "to effectively prevent" (p. 134) and "to medically examine" (p. 135). Even more might wish to be spared such expressions as "reactive serologies" (p. 41) and "the diagnosis of definite gonococcal etiology" (p. 90).

Nevertheless, the fact remains that this book contains a wealth of valuable information and should be studied in detail by all who are interested in the control of venereal infections.

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